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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number (Optional) <b>223002105901</b>
FY 2009 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		
Application Number <b>10/616,900</b>	Filed <b>July 9, 2003</b>	
<b>GENE PRODUCTS DIFFERENTIALLY EXPRESSED IN CANCEROUS COLON CANCER CELLS AND FOR THEIR METHODS OF USE</b>		
Art Unit <b>1631</b>	Examiner <b>C. Smith</b>	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	<b>Fee</b> <b>\$130</b>	<b>Small Entity Fee</b> <b>\$65</b>
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	<b>\$490</b>	<b>\$245</b>
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	<b>\$1110</b>	<b>\$555</b>
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	<b>\$1730</b>	<b>\$865</b>
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	<b>\$2350</b>	<b>\$1175</b>
<p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>03-1952</u>.</p>		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
I am the	<input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input type="checkbox"/> attorney or agent of record. Registration Number _____ <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 <u>50,713</u>	
 <u>Patricia Tsao</u> Typed or printed name		Date <u>December 3, 2008</u> Telephone Number <u>(415) 268-6642</u>
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input checked="" type="checkbox"/> Total of	<u>1</u>	forms are submitted.